This listing of claims will replace all prior versions, and listing, of claims in the application:

Listing of Claims:

1. (Currently Amended) A device to be independently interposed between an exposed end of a sternal half of a longitudinally divided sternum and a blade of a surgical retractor, the device comprising:

an end wall having a size and a dimension to at least partially cover the exposed end of a sternal half, wherein the device is independently placeable against the exposed end of the sternal half ~~stanches the effusion of blood from the exposed end of the sternal half~~.

2. (Original) The device according to claim 1, further comprising:

an upper wall integrally formed with and extending orthogonally from an upper edge of the end wall; and

a lower wall integrally formed with and extending orthogonally from a lower edge of the end wall.

3. (Original) The device according to claim 2, wherein the end wall includes a rounded first and second end.

4. (Original) The device according to claim 3, wherein the upper wall and the lower wall extend along the first and second ends of the end wall.

5. (Original) The device according to claim 4, wherein the upper wall and the lower wall define a continuous wall around the perimeter of the end wall.

6. (Original) The device according to claim 1, further comprising anchoring structure extending from the end wall.

7. (Original) The device according to claim 6, wherein the anchoring structure includes at least one spike protruding from a surface of the end wall to contact the exposed end of the sternal half.

8 (Original) The device according to claim 7, wherein the spikes are removably connected to the end wall.

9. (Original) The device according to claim 8, further comprising a wall extending around at least a portion of the end wall.

10. (Original) The device according to claim 1, wherein the end wall is fabricated from at least one of plastic, stainless steel and titanium.

11. (Currently Amended) A device for use with a retractor including at least one blade, wherein the device is used for stanching the effusion of blood from an exposed sternal half of a longitudinally divided sternum, formed during a sternotomy, the device comprising:

an upper wall;

a lower wall spaced from the upper wall; and

an end wall interconnecting the upper and lower walls;

the upper wall, the lower wall and end wall bounding a space; and

the upper wall and the lower wall defining an opening through which an

exposed end of a sternal half is receivable into the space of the device, wherein a respective blade of the retractor engages a surface of the device opposite the space of the device.

12. (Original) The device according to claim 11, wherein the device has one of a "C-shaped" and a "U-shaped" transverse cross-sectional profile.

13. (Original) The device according to claim 12, wherein the upper wall, the lower wall and the end wall have a radius of curvature of about 8.625 inches.

14. (Original) The device according to claim 12, wherein the upper wall has a thickness of about 0.1875 inches.

15. (Original) The device according to claim 14, wherein the lower wall has a thickness of about 0.0625 inches.

16. (Original) The device according to claim 12, wherein the upper and lower walls are of equal thickness.

17. (Original) The device according to claim 16, wherein the device is fabricated from at least one of a plastic, a polycarbonate, stainless steel and titanium.

18. (Original) The device according to claim 16, further including a first and a second terminal end.

19. (Original) The device according to claim 18, wherein the terminal ends are arcuate.

20. (Original) The device according to claim 19, wherein the space between the upper and lower walls of the device has a height of about 0.75 inches.

21. (Currently Amended) A method of minimizing the effusion of blood from the exposed ends of a sternal half of a longitudinally divided sternum, formed during a sternotomy, the method comprising the steps of:

providing a pair of independent devices for stanching the effusion of blood from the exposed ends of the sternal halves; and

independently placing a device against each exposed end of each sternal half, wherein the devices are disposed between the exposed end of each sternal half and a blade of a surgical retractor.

22. (Currently Amended) The method according to [[claim 20]] claim 21, wherein each device includes:

an upper wall;

a lower wall spaced from the upper wall; and

an end wall interconnecting the upper and lower walls;

the upper wall, the lower wall and end wall bounding a space;

the upper wall and the lower wall defining an opening through which the sternal half is receivable into the space of the device.

23. (Original) The method according to claim 22, wherein each device has a substantially C-shaped transverse cross-section profile.

24. (Original) The method according to claim 23, further comprising the step of:

imaging the sternum to determine the size of the device required for the surgical procedure.

25. (Original) The method according to claim 24, wherein each device is fabricated from at least one of plastic, stainless steel and titanium.

26. (Original) The method according to claim 25, further comprising the steps of:

placing the blades of a surgical retractor, when in an approximated position, between the devices placed over the exposed ends of the sternal halves; and

manipulating the retractor to separate the blades of the surgical retractor and spread the sternal halves apart.

27. (Currently Amended) In a sternotomy wherein the sternum of a patient has been longitudinally incised along at least a portion thereof, thereby exposing and allowing two opposing sternal halves to be separated laterally, the improvement comprising the step of:

providing a pair of caps for stanching the effusion of blood from the exposed sternal halves of the sternum, each cap comprising:

an upper wall;

a lower wall spaced from the upper wall; and

an end wall interconnecting the upper and lower walls;

the upper wall, the lower wall and end wall bounding a space;

the upper wall and the lower wall defining an opening through which the sternal half is receivable into the space of the cap, wherein a blade of a surgical retractor engages a surface of the device opposite the space of the device; and

placing a cap on each exposed sternal half such that the sternal half is received in the space of the cap.

28. (Original) The method according to claim 27, wherein each cap is fabricated from at least one of polycarbonate, stainless steel and titanium.

29. (Currently Amended) The method according to [[claim 21]] claim 27, further comprising the steps of:

placing the blades of a surgical retractor, when in an approximated position, between the caps placed over the exposed ends of the sternal halves; and

manipulating the retractor to separate the blades of the surgical retractor and spread the sternal halves apart.

30. (Original) The method according to claim 29, wherein each cap includes at least one spike extending from the end wall thereof.

31. (Original) The method according to claim 30, further comprising the steps of:

providing clips for guiding and securing the caps against the exposed ends of the sternal halves; and

placing the clips over the caps and into engagement with the sternal halves.

32. (New) The device according to claim 1, wherein the device stanches the effusion of blood from the exposed end of the sternal half.